

State of Rhode Island
Before the State Labor Relations Board

In the Matter of

Employer

-and-

CERTIFICATION
Case No.

Labor Organization

PETITION FOR UNIT CLARIFICATION AND/OR ACCRETION
PURSUANT TO SECTION 28-7-9 (b) (3), G. L., 1956, ENTITLED
STATE LABOR RELATIONS ACT

File a signed original and two (2) copies of this form with the Board.

1. Petition filed by (Check one)

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Labor Organization

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Employer

2. Name of Employer

Principal Place of Business (Address)

Labor Relations Representative (if known)

3. Certified Bargaining Agent (Labor Organization):

Name:

Address:

Certification Case Number:

Date Certified:

If there is an existing collective bargaining agreement, give date of expiration

Month/Day/Year

(Attach a copy of the most recent certification and/or the current recognition clause.)

4. Number of employees in existing unit:

Number of employees in proposed unit:

(If seeking to accrete positions totaling more than 20% of the existing bargaining unit, then cards of interest for more than 50% of the employees holding the positions that the petitioner seeks to accrete must accompany the petition)

5. Title of each disputed position [attach job description, if available]:

Name(s) of individual(s) holding said title(s) [Board will not clarify vacant positions]:

Length of time incumbent has held position:

Date each position was created:

(Attach additional sheets if necessary)

6. List the representatives of any other employee organization(s) known to claim to represent any employee affected by the petition.

Name(s):

Address(es):

If there have been changes in the job duties of the disputed position since it was created, please explain.

8. If the position has been in existence prior to the negotiations for the most recent contract, did the parties discuss unit placement of the position during negotiations? If discussed, what was the result of the discussion?

9. Petitioner's reason(s) for petitioning to include or exclude the disputed position:

PETITIONER:

Date:

Signature

Print name & title:

Address

Phone

Fax